

SEP 27 2005

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CONFIDENTIAL

To:	USPTO	From:	Angela P. Home, Ph.D.
Fax:	703-872-9306	Date:	September 27, 2005
Phone:	Pages: 15 (including cover)		
Re:	USSN 09/981,636 Our File: 407J-897710US		

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Enclosures:

- **Response to Office Action of June 15, 2005**

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By:

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Dated: September 27, 2005

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Approved for use through 04/30/2003. OMB 0651-0031
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TRANSMITTAL FORM

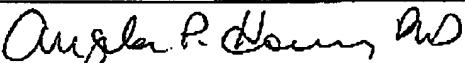
(to be used for all correspondence after initial filing)

		Application Number	09/981,636
		Filing Date	October 16, 2001
		First Named Inventor	James D. Marks
		Group Art Unit	1648
		Examiner Name	Zachariah Lucas
Total Number of Pages in This Submission		Attorney Docket Number	407J-897710US

ENCLOSURES (check all that apply)

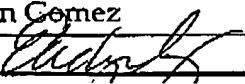
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> U.S.P.T.O. fax cover sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Angela P. Horne, Ph.D., Reg. No. 41,079, Quine Intellectual Property Law Group,
Signature	
Date	September 27, 2005

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to 703-872-9306 of the United States Patent and Trademark
Office, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name	Evelyn Gomez	
Signature		Date 

SEP 27 2005

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEET TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

120.00

Complete if Known

Application Number	09/981,636
Filing Date	October 16, 2001
First Named Inventor	James D. Marks
Examiner Name	Zachariah Lucas
Art Unit	1648
Attorney Docket No.	4071-897710US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): Deposit Account
 Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	(\$)	Fee Paid (\$)
100	/50 =	Round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Other: Request for extension of time

Other:

Other:

Other:

Other:

Other:

RECEIVED

OCT 1 2005

SEP 28 2005

SUBMITTED BY

Signature	<u>Angela P. Horne, Ph.D.</u>	Registration No. (Attorney/Agent)	41,079	Telephone
Name (Print/Type)	Angela P. Horne, Ph.D.			Date 9/27/05